

Agency Application Form

FROM COMPASS UNDERWRITING LTD

Private and Confidential

To be completed in CAPITAL LETTERS by the Applicant



1. Full Name of Applicant:

Trading Title

Full name of proprietor(s) or partner(s)

Registration Number if a Plc or Limited Company

2. Address of all business premises or subsidiaries to be included in this application

Postcode

Telephone Number:

Fax Number:

Address of Registered Office (if different)

Postcode

Telephone Number:

Fax Number:

Email address

Website

If necessary please continue on a separate sheet of paper

3. Business Profession or Occupation

(If more than one, please give details)

4. Date business established or incorporated

4a. Please give us your FSA Firm Reference Number

If you are an Appointed Representative please give full details of who provides your compliance and confirm this with a letter from them.

5. Type of agency requested

Cash YES NO Credit YES NO

A credit agency will only be granted to insurance intermediaries registered as an FSA approved intermediary.

Credit Agency – We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.

6a. Give details of your principal bankers to whom we may apply for a reference:-

Name

Account Number

Address

Postcode

Telephone Number:

Fax Number:

6b. CREDIT AGENCIES ONLY - Give details of your bank IBA/trust account held for clients' premiums to be paid to Insurers:-

Name

Account Number

Address

Postcode

Telephone Number:

Fax Number:

6c. "I/We give consent for Compass Underwriting Limited to apply to our Bankers for a credit status enquiry relating to both our current and client accounts"

Signature

Position in Company

Date

7. Give details of your Accountants or Auditors:-

Name

Address

Postcode

Telephone Number:

Fax Number:

8a. Are you a member of a Marketing network? If Yes, please give name

YES

NO

8b. Company Agent:

i) Employee

ii) Representing one Company only(AR)

iii) Representing no more than 6 Companies

9. Give details of the Professional Indemnity Insurance held:

a) Name of Insurer

b) Office of the Insurer through whom the cover has been taken out

c) Policy Number

d) Renewal date

e) Limit of Indemnity

f) Does the cover meet FSA requirements?

10. Give details of Professional qualifications and insurance experience of all Directors and Senior Managers (please state who is an FSA approved person):-

11. Has the applicant (if an individual) or any director, proprietor, partner or employee of the applicant been involved in any organisation which has been in liquidation, receivership or bankruptcy or has entered into an arrangement with creditors or is any such matter pending?

YES

NO

If "Yes", please give details

12. Has the applicant (if an individual) or any director, proprietor, partner or employee of the applicant been convicted of any criminal offence, other than motoring offences, during the past 5 years? YES NO

If "Yes", please give details

(Note: You are not required to include convictions regarded as "spent" under the Rehabilitation of Offenders Act 1974)

13. Has the applicant (if an individual) or any director, proprietor, partner or employee of the applicant ever had an Agency terminated or an Agency Application declined or granted on special terms? YES NO

If "Yes", please give details

14. Give below the name and branch address of the two Insurance Companies, or your marketing network, with whom you hold your largest accounts and to whom we may apply for a reference:-

First Reference

Name

Address

Postcode

Telephone Number:

Fax Number:

Second Reference

Name

Address

Postcode

Telephone Number:

Fax Number:

15. If the business is a partnership, is there a formal Partnership Agreement or is the partnership registered as a Limited Partnership?

If other than a standard partnership, please state the extent of each Partner's financial commitment:-

16. Do you place business on behalf of other Intermediaries? YES NO

If "Yes", please provide details on a separate sheet.

17. Please enclose a copy of your most recent audited accounts and a copy of your current Professional Indemnity Insurance.

ACCOUNT PROCEDURE

Certificates issued by Compass Underwriting Limited will be forwarded to the intermediary for checking and then for the intermediary to send onto his client and will then be billed to the intermediaries account at the end of the calendar month on which the Insurance came into force. This net premium plus the relevant Insurance Premium Tax must be paid within 30 days unless the premium is being collected by the Compass direct debit mandate scheme.

For full details please refer to the Compass Terms of Business Agreement. A copy of which can be found at www.compassuw.com

DECLARATION

PART ONE - ALL AGENCIES

I/We hereby apply Compass Underwriting Limited for an Agency for the purpose of handling Insurance as regulated by the FSA and in accordance with Compass Underwriting's terms of business agreement.

I/We declare that the information given in this Application is true and complete and I/We agree that this Application shall be the basis of any Agency appointment. I/We understand that if it is found that any information provided is untrue, the appointment may be terminated at the sole discretion of Compass Underwriting.

PART ONE - CONTINUED

I/We also undertake to advise Compass Underwriting Limited promptly and in writing:-

- a) modification, suspension or termination of your Financial Services Authority approval
- b) of any changes of Directors, Controllers, Principals or Partners
- c) of any changes in the Capital Structure or Partnership Agreement
- d) in the event of the Agent becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors or a receiver being appointed
- e) if any Partner, Director or Controller of, or employed, by the Agent is or becomes subject to disciplinary proceedings instituted by the Financial Services Authority or any other professional or similar body
- f) of any convictions for Criminal Offences (other than motoring offences) or any Director, Controller, Principal or Partner occurring after the date of this Application
- g) if any Agency Appointment with another insurer is terminated
- h) change of financial auditors or bank
- i) of any change of address

PART TWO

- a) I/We undertake to maintain in force Professional Indemnity Insurance in accordance with the requirements of the FSA and to inform the Company if this requirement is no longer complied with.
- b) I/We agree that the Company providing the Professional Indemnity Cover shall be free to pass information on the cover to Compass.

Date	Authorised Signatory	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by Compass Underwriting Limited

Application Approved by	Position	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART THREE – STATIONERY

Please indicate the type of products you would be interested promoting:

Salary (income) Protection cover	<input type="checkbox"/>
Personal Accident and Sickness	<input type="checkbox"/>
Creditor/Payment Protection (Mortgages, loans and debts)	<input type="checkbox"/>
Term Life and/or Critical Illness	<input type="checkbox"/>
Locum/Business Protection cover	<input type="checkbox"/>
Annual Travel including group &/or businesses	<input type="checkbox"/>

Note: Policy summaries key facts, wordings and application forms can all be found at www.compassuw.com

Compass Underwriting Limited is authorised and regulated by the Financial Services Authority
Our FSA Firm Reference Number is 304908

Compass Underwriting Ltd, 1-2 Crutched Friars, London EC3N 2HT.
Email: info@compassuw.co.uk Web: www.compassuw.com
Tel: 020 7398 0100 Fax: 020 7398 0109